



Registered Practical Nurses Association of Ontario

5025 Orbitor Drive, Bldg 4, Suite 200 | Mississauga | ON | L4W 4Y5

January - June 2012
Half Year Membership Form

Visit our website: www.rpnao.org | E-mail: membership@rpnao.org
Tel. 905-602-4664 ext. 221 | Fax 905-602-4666
Toll Free 1-877-602-4664 ext. 221

MEMBER'S INFORMATION:

NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_
CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ P/CODE: \_\_\_\_\_
GENDER: FEMALE [ ] MALE [ ] DATE OF BIRTH: MM/DD/YY \_\_\_\_\_
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_
E-MAIL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

COLLEGE OF NURSES
REGISTRATION NUMBER:
CNO Reg. \_\_\_\_\_
(For RPNs: if you do not submit your CNO REG. #
we won't be able to process your application)
IF YOU WERE A MEMBER BEFORE,
RPNAO No. \_\_\_\_\_

EMPLOYER'S INFORMATION:

EMPLOYER'S NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_
Union Affiliation : (1) CUPE [ ] (2) SIEU [ ] (3) OPSEU [ ] (4) CLAC [ ] (5) PNFO [ ] 6) CAW [ ] (7) OTHER [ ]
Working Code: (1) FULL TIME [ ] (2) PART TIME [ ] (3) CASUAL [ ] EMP. CLASIFICATION: (1) RPN [ ] (2) UCP/PSW [ ] (3) OTHER [ ]

MEMBERSHIP CATEGORIES: (see reverse for explanation - circle payment amount below)

Table with 4 columns: JANUARY TO JUNE 2012, RPNAO FEE, HST, TOTAL FEE. Rows include Half Year - Regular Membership, Reg. Membership PAP, Senior Membership, Non - Practising Membership, New Graduate Membership, Associate Membership - Class 1, 2, 3, Corporate Membership, and various ORSIG/IBSIG/GNSIG options.

\*\*SIG Members Applicants: If you join Reg Membership + SIG and want to take advantage of the Pre-Authorized Payment Plan; you must pay online, or send a separate cheque for the Specialty Interest Group fee, GNSIG fee \$70.63, or ORSIG and IBSIG half year fee \$33.88.

CANCELLATION POLICY: Full Year Membership expires June/30/2012 and Half Year Membership expires Dec/31/ 2012 or June/30/2012. Cancellations prior to this date will be subject to a \$35 cancellation fee. Non payment of fee will result in termination of membership.

PRIVACY POLICY: Your privacy is very important to RPNAO. RPNAO collects personal information for the purposes of verifying membership eligibility and type. We will not share your contact information with any unaffiliated third parties. However, many of our members appreciate receiving information on savings and special offers from our affinity partners. Therefore, we may occasionally send members information on our affinity partner's special offers/savings.

If you DO NOT wish to receive such information please mark here [ ]

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For office use only:

Table with 3 columns: Date Received, Sum Enclosed, Deposit No.

PAYMENT METHOD:

[ ] Cheque / Money Order [ ] Visa
[ ] Pre-authorized Payment Plan (PAP) [ ] Master Card
[ ] Internet Banking (renewals only) [ ] Online Payment
Card No: \_\_\_\_\_
Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_
Please note: NSF items are subject to a \$25 administrative charge.
[ ] Yes, I authorize RPNAO to continuously collect membership fee payments using the method of payment Credit Card. My RPNAO membership will continue indefinitely until I send a written notice of cancellation.

PRE-AUTHORIZED PAYMENT PLAN
I/We hereby authorize the named bank/financial institution to debit my/our account each month for all payments to the RPNAO in payment of my annual membership fee which will be collected monthly. The treatment of each payment will be the same as if I/We had personally issued a cheque. This authorization may be cancelled at any time upon written notice by me/us. I/We ensure that funds are available on the 1st of each month to cover the amount of withdrawal.
[ ] YEARLY: This authorization will expire June 30, 2012.
[ ] CONTINUOUSLY: This authorization will continue indefinitely until cancelled by me/us in writing at the end of each membership year.
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Note: Additional \$1 monthly PAP Admin fee is included with your Pre-Authorized payment plan. Cancellations prior to the expiry date are subject to a \$35 cancellations fee. For joint account, all depositors must sign if more than one signature is required on cheques issued against the account.
FOR PRE-AUTHORIZED PAYMENT PLAN ENCLOSE A COPY OF YOUR CHEQUE MARKED "VOID"

Cancellations prior to the expiry date are subject to a \$35 cancellation fee.

Also, I Wish to donate:
Amount \$ \_\_\_\_\_ to the Education Trust Fund
Amount \$ \_\_\_\_\_ for RPNAO Public Relations

(see over)

**IMPORTANT INFORMATION FOR MEMBERS:**

PLEASE BE ADVISED THAT, ALL PROFESSIONAL LIABILITY / MALPRACTICE INSURANCE POLICIES EXCLUDE CLAIMS IF THE INSURED (YOU, THE NURSE) HAD PRIOR KNOWLEDGE OF THE CLAIM, BEFORE THE INCEPTION DATE OF THE COVERAGE (THE DATE YOUR NEW MEMBERSHIP STARTED). EXCEPTIONS ARE SOMETIMES MADE IF THE INSURED ADVISES THE INSURANCE COMPANY OF THE SITUATION AND IT CAN BE EVALUATED BY THE UNDERWRITER.

**MEMBERSHIP CATEGORIES:**

REGULAR MEMBERSHIP: provides you with

- malpractice and legal defense insurance coverage as stipulated by RPNAO policy
- nominating and voting privileges
- membership card
- each issue of "The RPN Journal"

FULL YEAR - PRE-AUTHORIZED PAYMENT PLAN (PAP) MEMBERSHIP: provides you with same benefits as regular membership

FULL YEAR PAP: [\$19.91 MONTHLY x 12] + HST \$31.06 to be charged with first monthly payment. **Please ensure funds are available on the first day of each month starting July 1st each year.**

Please note: If you join before July 1st, the first payment will be \$19.91 plus the total HST amount (\$31.06); if you join after July 1st, the first payment will be \$39.82 plus the total HST amount on Aug.1st; if you join after Aug 1st., the first payment will be \$59.73 plus the total HST amount on Sep. 1st; and so on... then \$19.91 monthly.

HALF-YEAR MEMBERSHIP Jul/Dec and/or Jan/June: provides you with same benefits as regular membership for the half year

HALF YEAR PAP: [\$21.05 MONTHLY x 6] + HST \$16.42 to be charged with first monthly payment. **Please ensure funds are available on the first day of each month starting July 1st and/or January 1st each year.**

Please note: same procedure as Full Year PAP with half year monthly rates (see above - Full Year PAP)

SENIOR MEMBERSHIP (MUST BE OVER THE AGE OF 65): provides you with the same benefits as regular membership

NON PRACTISING MEMBERSHIP (MUST SIGN DECLARATION FORM): provides you with

- nominating and voting privileges
- membership card
- each issue of "The RPN Journal"

NEW GRADUATE MEMBERSHIP: You can apply as a NEW GRADUATE, ONLY if you are (within a year) newly registered with the College of Nurses of Ontario. This category provides you with the same benefits as regular membership

ASSOCIATE MEMBERSHIP:

- Class 1** - The associate member class 1 must be a regulated Licensed Practical Nurse or Practical Nursing Student from an approved program, from a Canadian jurisdiction out of the province of Ontario
- Class 2** - The associate member class 2 must be a regulated health professional in Ontario as listed in RHPA
- Class 3** - The associate member class 3 must be a regulated health professional student from an approved program in Ontario

This category (Class 1, 2 and 3) provides you with

- same benefits as regular membership with the exception of the right to vote, access to malpractice insurance and the ability to sit on the Board of Directors

CORPORATE MEMBERSHIP:

- same benefits as regular membership with the exception of the right to vote, access to malpractice insurance and the ability to sit on the Board of Directors
- consultative services regarding scope of practice, accountability and collaborative practice
- a cost reduction plan for job posting on our website
- Only one employee per organization is entitled to discount for workshops, programs and conference

RPNAO/ OR Sig (RPNAO/ Operating Room Specialty Interest Group): provides you with

- regular membership in RPNAO plus membership in the Operating Room Specialty Interest Group
- subscription to bi-annual OR Sig newsletter

RPNAO/ IB Sig (RPNAO/ Independent Business Specialty Interest Group): provides you with

- regular membership in RPNAO plus membership in the Independent Business Specialty Interest Group
- subscription to bi-annual IB Sig newsletter

RPNAO/ GN Sig (RPNAO/ Gerontological Nursing Specialty Interest Group): provides you with

- regular membership in RPNAO plus membership in the Gerontological Nursing Association of Ontario GNA(O) - RPNAO/ GN Specialty Interest Group
- subscription to "Perspectives," a quarterly peer reviewed journal". Please visit [www.gnaontario.org](http://www.gnaontario.org)

**RPNAO ITEMS FOR SALE - Be proud and promote your profession!**  
Check our website to see these items [www.rpnao.org](http://www.rpnao.org) and click E-Shop

	QTY	TOTAL
Cotton T-shirt V-neck (sizes S-M-L-XL-2XL) color <b>WHITE</b> with RPN imprint	<b>\$ 15.00</b>	_____
Full Zipped Hoodie (sizes S-M-L-XL) color <b>WHITE</b> with RPNAO embroidery	<b>\$ 47.99</b>	_____
Half Zipped Sweatshirt (sizes S-M-L-XL-2XL) color <b>BLUE</b> with RPNAO embroidery	<b>\$ 47.99</b>	_____
Roll-Up Fleece Blanket 'Nurses-make the world a warmer place'	<b>\$ 25.00</b>	_____
Sling Pack 'Proud to be a nurse' - RPNAO	<b>\$ 18.00</b>	_____
Fanny Pack (belt bag) 'Nurses - Collaboration in Action'	<b>\$ 12.00</b>	_____
Stainless Steel Travel Mug 'Proud to be a nurse' - RPNAO	<b>\$ 8.00</b>	_____
RPNAO Water Bottle (Teal color / Translucent) 'Proud to be a nurse' - RPNAO	<b>\$ 5.00</b>	_____
RPNAO Aluminum Sport Bottle 'A positive Impact. Every Day. Ontario's RPNs'	<b>\$ 10.00</b>	_____
RPNAO Pen 'Nurses, practical & professional'	<b>\$ 5.00</b>	_____
RPNAO License Plate Cover 'Nurses, practical & professional'	<b>\$ 3.00</b>	_____
Scrub Badge Pull badge holder 'Proud to be a Nurse -RPNAO'	<b>\$ 5.00</b>	_____
RPN Pin in gold color	<b>\$ 5.00</b>	_____
RPN Pin & badge holder in gold color	<b>\$ 5.00</b>	_____
RPNAO Pin (reg. \$5.00)	<b>\$ 2.00</b>	_____
sub Total # 1:	(a) \$ _____	
shipping & handling (flat rate):	(b) \$ <b>8.00</b>	
sub Total # 2:	(add a + b) (c) \$ _____	
HST 13% of (c)	(d) \$ _____	
<b>TOTAL</b>	<b>[ add (c) + (d) ]</b>	<b>\$ _____</b>

**PAYMENT METHOD:**

CHEQUE / MONEY ORDER  VISA  MASTERCARD

Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please pay separately (from membership) and make all cheques or money orders payable to RPNAO. NSF items are subject to a \$25 administrative charge

**FOR OFFICE USE ONLY:**

Date received:	Amount Paid:	Deposit #: